

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577,398

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		2					54						
5	+	1					55						
6		1					56						
7	1						57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12	1						62						
13		1					63						
14		1					64						
15	+	1					65						
16	+	1					66						
17	+	1					67						
18		1					68						
19		1					69						
20	+	1					70						
21		1					71						
22		1					72						
23	+	1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28	1						78						
29	1						79						
30	1						80						
31	+	1					81						
32	+	1					82						
33	+	1					83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49							99						
50							100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	36	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	48						TOTAL CLAIMS						

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